


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 012 ***150.00

DOCUMENT # P05032
 1. Entity Name
TOWER SQUARE SECURITIES, INC.



Principal Place of Business
CORP TAX 19CP
P.O. BOX 990027
HARTFORD, CT 06199-0027 US

Mailing Address
CORP TAX 19CP
P.O. BOX 990027
HARTFORD, CT 06199-0027 US

50010039



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
One MetLife Plaza
 Suite, Apt. #, etc.
27-01 Queens Plaza N.
 City & State
 Zip Country

03032006 Chg-P CR2E034 (11/05)

City & State
Long Island City, NY

4. FEI Number
06-0843577

Applied For
 Not Applicable

Zip Country
11101 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **FEID, GEORGE R**
 STREET ADDRESS **P.O. BOX 990027**
 CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **P, D** Change Addition
 NAME **Craig W. Markham**
 STREET ADDRESS **13045 Tesson Ferry Road**
 CITY-ST-ZIP **St. Louis, MO 63128**

TITLE **V** Delete
 NAME **KOKULIY, GEORGE L**
 STREET ADDRESS **P.O. BOX 990027**
 CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **VP** Change Addition
 NAME **Steven J. Brash**
 STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
 CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **D** Delete
 NAME **LAMMEY, GLENN**
 STREET ADDRESS **P.O. BOX 990027**
 CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **D** Change Addition
 NAME **Michael K. Farrell**
 STREET ADDRESS **10 Park Avenue**
 CITY-ST-ZIP **Morristown, NJ 07962**

TITLE **T** Delete
 NAME **LAVERTY, JOHN M**
 STREET ADDRESS **P.O. BOX 990027**
 CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **T** Change Addition
 NAME **Anthony J. Williamson**
 STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
 CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **S** Delete
 NAME **WRIGHT, ERNEST S**
 STREET ADDRESS **P.O. BOX 990027**
 CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **S** Change Addition
 NAME **Gwenn L. Carr**
 STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
 CITY-ST-ZIP **Long Island City, NY 11101**

TITLE **D** Delete
 NAME **RUSSO, JOANNE K**
 STREET ADDRESS **P.O. BOX 990027**
 CITY-ST-ZIP **HARTFORD, CT 061990027**

TITLE **D** Change Addition
 NAME **William J. Toppeta**
 STREET ADDRESS **One MetLife Plaza, 27-01 Queens Plaza N.**
 CITY-ST-ZIP **Long Island City, NY 11101**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Steven J. Brash Steven J. Brash, Vice President, 3/28 /2006, 212-578-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #